

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number

10221904

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	19	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	36 minus 20=	* 16
INDEPENDENT CLAIMS	1 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT		<input checked="" type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - ~~11/26/03~~

11/26/03

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR PRESENT EXTRA
Total	* 34	Minus	** 36 = 0
Independent	* 1	Minus	*** 3 = 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE	OTHER THAN SMALL ENTITY
RATE	FEES
BASIC FEE	385.00
X\$ 9=	
X43=	
+145=	
TOTAL	
OR	RATE FEES
BASIC FEE	770.00
X\$18=	288
X86=	
+290=	290
OR TOTAL	1368

SMALL ENTITY	OTHER THAN SMALL ENTITY
RATE ADDITIONAL FEE	
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	
OR	RATE ADDITIONAL FEE
X\$18=	
X86=	
+290=	
OR TOTAL ADDIT. FEE	

AMENDMENT B	(Column 1)	(Column 2)	(Column 3)	AMENDMENT C	(Column 1)	(Column 2)	(Column 3)
Total	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	Total	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Ind. pending	Minus	Minus	**	Ind. pending	Minus	Minus	**
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>							

AMENDMENT B	(Column 1)	(Column 2)	(Column 3)	AMENDMENT C	(Column 1)	(Column 2)	(Column 3)
Total	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	Total	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Ind. pending	Minus	Minus	**	Ind. pending	Minus	Minus	**
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>							

AMENDMENT C	(Column 1)	(Column 2)	(Column 3)	AMENDMENT D	(Column 1)	(Column 2)	(Column 3)
Total	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	Total	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Ind. pending	Minus	Minus	**	Ind. pending	Minus	Minus	**
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>							

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.